## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 17 OF

, iii	Use separate schedule(s) for each category of the Detailed Summary Page	_	eck only	_		- -	11c 15	·	12		17	
poorts and Statements may not be sold or used by any parson for the number of soliciting contributions												

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) Independent Insurance Agent	s & Brokers of America, Inc. Politica	al Action Committee (InsurPAC)						
Full Name (Last, First, Middle Initial)  Scott M Strong	Date of Receipt							
Mailing Address 201 Main St	02 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City	State Zip Code	Transaction ID: 13111124						
Nashville	KS 67112-1200	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	500.00						
Name of Employer	Occupation							
Strong's Insurance, IncNashville	Insurance Agent							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify) ▼	500.00							
Full Name (Last, First, Middle Initial)  Steven J. Aronson		Date of Receipt						
Mailing Address 950 Highland Ave		02 23 2015						
City	State Zip Code	Transaction ID: 13111126						
Needham Heights	MA 02494-1256	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	1000.00						
Name of Employer	Occupation							
Aronson Insurance	Owner							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General								
Other (specify) ▼	1000.00							
Full Name (Last, First, Middle Initial)  Dale Simmon		Date of Receipt						
Mailing Address 612 S Creyts Rd Ste B		02 23 2015						
City	State Zip Code	Transaction ID: 13111127						
Lansing	MI 48917-8266	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	250.00						
Name of Employer	Occupation							
Simmon Insurance Agency, Inc.	President							
Receipt For:	Aggregate Year-to-Date ▼							
Primary General	Aggregate real to bate ▼							
Other (specify) ▼	250.00							
SUBTOTAL of Receipts This Page (optional).		1750.00						
	<u> </u>							

TOTAL This Period (last page this line number only).....